

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 606928006US	
		In re Application of Gokhale et al.	
		Application Number 09/991,900-Conf. #3389	Filed November 23, 2001
		For METHOD AND SYSTEM FOR SCHEDULING MEDIA EXPORTS	
		Art Unit 2161	Examiner T. Y. Chen
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ <u>1,000.00</u></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>      </u> </p> <p> <input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM in the amount of the fee is enclosed.     </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.     </p> <p> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.     </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0665</u>.     </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.     </p>			
<p>I am the</p> <p> <input type="checkbox"/> applicant/inventor.     </p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)     </p> <p> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>56,702</u> </p> <p> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>      </u> (206) 359-8000 Telephone number <u>      </u> </p>		 Signature <u>Michael J. Smith</u> Typed or printed name <u>September 17, 2007</u> Date	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p> <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.     </p>			